

SUMTER CITY-COUNTY PLANNING COMMISSION

POST OFFICE BOX 1449  
SUMTER, SOUTH CAROLINA 29151  
(803) 774-1600



APPLICATION FOR SUBDIVISION

☐ CITY ☐ COUNTY

**Applicant** \_\_\_\_\_  
Name Phone

**Applicant's Address** \_\_\_\_\_  
Street City State Zip

**Owner** \_\_\_\_\_  
Name Phone

**Owner's Address** \_\_\_\_\_  
Street City State Zip

**Registered Land Surveyor** \_\_\_\_\_  
Name

**Surveyor's Address** \_\_\_\_\_  
Street City State Zip

**Tax Map No.** \_\_\_\_\_ **Size of Parcel(s)** \_\_\_\_\_

**Name of Proposed Subdivision** \_\_\_\_\_

**Location of Proposed Subdivision** \_\_\_\_\_ **Zoning** \_\_\_\_\_

**Proposed Use** \_\_\_\_\_ **Total Acreage** \_\_\_\_\_

**Flood Hazard Area** ☐ Yes ☐ No ☐ Partial \_\_\_\_\_  
(Indicate which lot(s) may be affected)

**Wetlands** ☐ Yes ☐ No ☐ Partial \_\_\_\_\_  
(List acreage)

**Water Service:**

**Proposed Method of Water Supply** \_\_\_\_\_

**Approximate Distance to Nearest Water Main (if applicable)** \_\_\_\_\_

**Sewer Service:**

**Proposed Method of Sewer Collection & Disposal** \_\_\_\_\_

**Approximate Distance to Nearest Public/Community Sewer** \_\_\_\_\_

Name of Power Company \_\_\_\_\_

Name of Telephone Company \_\_\_\_\_

Proposed Streets      ☐ Paved with valley gutters      ☐ Paved with curb and gutter

Has the County Auditor approved the proposed street names?      ☐ Yes      ☐ No

*Is this tract or parcel restricted by any recorded covenant that is contrary to, conflicts with, or prohibits the activity described in this permit?*      ☐ Yes      ☐ No

Application Completed by      Owner ☐      Agent ☐ (See Below)

Agent’s Name \_\_\_\_\_ Phone \_\_\_\_\_

Agent’s Address \_\_\_\_\_  
Street City State Zip Code

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**CERTIFICATION**  
I hereby certify that I have read this application and the information supplied herein is true and correct to the best of my knowledge. I agree to comply with all applicable City and/or County Ordinances and State Laws related to land development. I am the property owner, or have received the owner’s written authorization to act as his/her agent regarding this matter. I understand that falsifying any information herein may result in nullification of this request and/or appropriate legal remedies.

Property Owner or Authorized Agent Name, Signature and Date

**APPLICATION MUST:**

- ◆ Be submitted at least 22 days prior to the next scheduled Subdivision-Planned Development Review meeting
- ◆ Include sketch plan of proposed subdivision and/or a plat of the property
- ◆ Include an application fee of \$50.00 or \$3.00 per lot (whichever is greater) (City or County)
- ◆ Review Article 9 of the Sumter Zoning and Development Standards Ordinance
- ◆ Please note that the Subdivision may be subject to Public Utilities Commission review if water and/or sewer concerns exist.

<b>OFFICE USE:</b>	
Date Fee Paid _____	Amount Paid _____
Received By _____	Meeting Date _____
Preliminary Approval Date _____	Final Approval Date _____